



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mitsuhiro Kashiwabara  
Appl. No.: 10/569,002  
Filed: February 15, 2006  
Title: ORGANIC EL DEVICE AND DISPLAY  
Art Unit: 2879  
Examiner: Thomas A. Hollweg  
Docket No.: 3712174-00518

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING BY EXPRESS MAIL UNDER 37 CFR 1.10**

Sir:

I hereby certify that the following documents relating to the above-identified application:

1. Transmittal Form (duplicate);
2. Fee Transmittal (duplicate);
3. Request for Continued Examination (7 page);
4. Response to Final Office Action (9 pages); and
5. Return Receipt Postcard.

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on December 21, 2010.

Respectfully submitted,

K&L GATES LLP

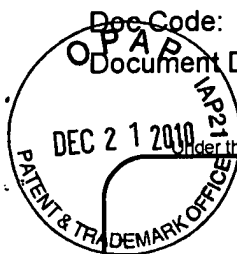
Breanne Osborne

Name of Person Mailing Correspondence

  
Signature

EM 443517274 US

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/569,002
Filing Date	February 15, 2006
First Named Inventor	Mitsuhiro Kashiwabara
Art Unit	2879
Examiner Name	Thomas A. Hollweg
Attorney Docket Number	3712174-00518

## ENCLOSURES (Check all that apply)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>1-Certificate of mailing by express mail under<br>37 CFR 1.10;<br>2-Request for Continued Examination; and<br>3-Return receipt postcard. |
|---|--|--|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	K&L Gates LLP		
Signature			
Printed name	Thomas C. Basso		
Date	December 21, 2010	Reg. No.	46,541

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Breanne Osborne	Date	December 21, 2010

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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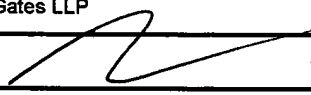
Application Number	10/569,002
Filing Date	February 15, 2006
First Named Inventor	Mitsuhiro Kashiwabara
Art Unit	2879
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Attorney Docket Number	3712174-00518

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- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>1-Certificate of mailing by express mail under<br>37 CFR 1.10;<br>2-Request for Continued Examination; and<br>3-Return receipt postcard. |
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Remarks

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Firm Name	K&L Gates LLP		
Signature			
Printed name	Thomas C. Basso		
Date	December 21, 2010	Reg. No.	46,541

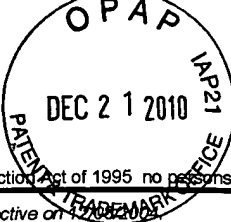
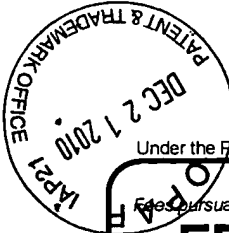
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# FEE TRANSMITTAL

## For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 810.00

### Complete If Known

Application Number	10/569,002
Filing Date	February 15, 2006
First Named Inventor	Mitsuhiro Kashiwabara
Examiner Name	Thomas A. Hollweg
Art Unit	2879
Attorney Docket No.	3712174-00518

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-1818 Deposit Account Name: Bell Boyd & Lloyd

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____ - 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** \_\_\_\_\_ **Extra Sheets** \_\_\_\_\_ **Number of each additional 50 or fraction thereof** \_\_\_\_\_ **Fee (\$)** \_\_\_\_\_ **Fee Paid (\$)** \_\_\_\_\_

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)** \_\_\_\_\_

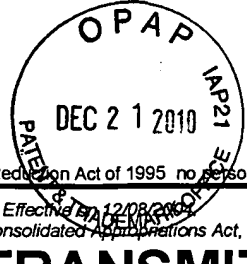
Other (e.g., late filing surcharge): Request for Continued Examination **Fees Paid (\$)** 810.00

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 46,541	Telephone 312-807-4310
Name (Print/Type)	Thomas C. Basso	Date December 21, 2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective 12/08/2004  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>810.00</b>
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**Complete if Known**

Application Number	10/569,002
Filing Date	February 15, 2006
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Examiner Name	Thomas A. Hollweg
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	Small Entity		Small Entity		Small Entity		
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Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

**Total Claims**                      **Extra Claims**                      **Fee (\$)**                      **Fee Paid (\$)**

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
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_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

#### 4. OTHER FEE(S)


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**Fees Paid (\$)**

810.00

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Name (Print/Type)	Thomas C. Basso		Date December 21, 2010

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